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STATEMENT OF



12 OCT 15 PM 3: 55 **ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) tzgerald for US Senate ADDRESS (number and street) (Check if address 53032 is changed) oricon ZIP CODE CITY STATE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ıandrea.fitzgerald75@yahoo.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 09' | 12 | 2012. DATE C 00503227 FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer A LEGISTRE DA LE Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 02/2009) Toll Free 800-424-9530

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